

SALINA FREE LIBRARY COMMUNITY ROOM APPLICATION FORM

(Please print in ink)

Organization Name: _____

Address: _____

City: _____

State: _____ **Zipcode:** _____ **Telephone:** _____

Name of individual completing application: _____

Address: _____

City: _____

State: _____ **Zipcode:** _____ **Telephone:** _____

Date and time of meeting: _____

Attendance: _____

I have read Salina Free Library's Community Room Policy and agree to abide by all rules:

Signature: _____

Date: _____